

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form  
(CRF)?:: No

Number of copies of CRF::

Title::

Attorney Docket Number:: 1453.US1

Request for Early  
Publication?:: No

Request for  
Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Application Data Sheet

Application Information

Small Entity?::

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	South Korea
Status::	Full Capacity
Given Name::	Byung
Middle Name::	Hyun
Family Name::	Lee
Name Suffix::	
City of Residence::	Kalamazoo
State or Province of Residence::	Michigan
Country of Residence::	USA
Street of mailing address::	5905 Stoney Brook
City of mailing address::	Kalamazoo
State or Province of mailing address::	Michigan
Country of mailing address::	USA
Postal or Zip Code of mailing address::	49009
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Martha
Middle Name::	Jane
Family Name::	Larsen
Name Suffix::	
City of Residence::	Kalamazoo
State or Province of Residence::	Michigan
Country of Residence::	USA
Street of mailing address::	56 Naples Ct.
City of mailing address::	Kalamazoo
State or Province of mailing address::	Michigan
Country of mailing address::	USA
Postal or Zip Code of mailing address::	49009

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Poland  
Status:: Full Capacity  
Given Name:: Teresa  
Middle Name:: Maria  
Family Name:: Kubiak  
Name Suffix::  
City of Residence:: Richland  
State or Province of Residence:: Michigan  
Country of Residence:: USA  
Street of mailing address:: 5844 East B Avenue  
City of mailing address:: Richland  
State or Province of mailing address:: Michigan  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 49083  
Applicant Authority Type::  
Primary Citizenship Country::  
Status::  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

## Correspondence Information

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Name:: Pharmacia & Upjohn Company  
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